

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 29 1950

State File No. 41888

BIRTH NO. _____		REG. DIST. NO. 3058		PRIMARY REG. DIST. NO. 6046		Registrar's No. 41	
1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Kansas</b> b. COUNTY <b>Hutchinson</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>Rural</b>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <b>Hutchinson</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Ten miles south of Wentzville</b>				d. STREET ADDRESS <b>Highway by pass 40</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Robert</b>		b. (Middle) <b>C</b>		c. (Last) <b>Harper</b>	
4. DATE OF DEATH		(Month) <b>12</b>		(Day) <b>5</b>		(Year) <b>50</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>2--14--1914</b>		9. AGE (In years last birthday) <b>36</b> If under 1 year: Months <b>11</b> Days <b>5</b> Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Truck driver</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
13a. FATHER'S NAME <b>James Harper</b>		13b. MOTHER'S MAIDEN NAME <b>Laur Byerly</b>		14. NAME OF HUSBAND OR WIFE <b>Hazel Harper</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <b>489-09-2711</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Elliot. Hutchinson Kansas</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Highway Accident Fractured Skull</b>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Jury's Verdict Fractured Skull</b> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION _____				INTERVAL BETWEEN ONSET AND DEATH <b>32</b>	
19b. MAJOR FINDINGS OF OPERATION <b>092</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT (Specify) <b>SUICIDE accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway by pass 40</b>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <b>St. Charles, Mo</b>			
21d. TIME OF INJURY (Month) (Day) (Year) <b>12--5--50-8 P.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Truck ran of Highway</b>			
22. I hereby certify that I received the deceased from <b>December 6, 1950 at One P.M.</b> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Marie Mushong</b>		23b. ADDRESS <b>Wentzville, Mo</b>		23c. DATE SIGNED <b>12-6-50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>12-6-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Hutchinson Kansas</b>			
24d. LOCATION (City, town, or county) (State) <b>Hutchinson Kansas</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Marie Mushong</b>		ADDRESS <b>Wentzville</b>			
DATE REC'D. BY LOCAL REG. <b>7/11/50</b>		REGISTRAR'S SIGNATURE <b>Marie Mushong</b>		FEDERAL DIRECTOR'S SIGNATURE <b>Marie Mushong</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

DEC 22 1950

RECEIVED

DEC 12 1950

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 246

P. O. Address Wentzville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.